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| --- | --- |
| **First Name:** Click here to enter text. | **Surname/ Last Name:**Click here to enter text. |
| **Date of birth:** Click here to enter a date. | **NHS Number:**Click here to enter text. |
| **Address:**Click here to enter text.  **Postcode**Click here to enter text. | **GP Name:** Click here to enter text.  **GP Address:** Click here to enter text. |
| **Preferred title:** Choose an item. | **GP telephone:**Click here to enter text. |
| **Mobile Number :**Click here to enter text.  **Other Numbers :**Click here to enter text. | OK to send texts to mobile phone: Choose an item. |

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| Interpreter Needed: Choose an item.  Preferred Language:Click here to enter text. | | **Blood Pressure:** Click here to enter text. **/**Click here to enter text.  Heart Sounds: Choose an item. | |
| First Day of Last Period  Click here to enter a date.: | Number of previous deliveries/ births:  Click here to enter text. | | Reasons if Booking after 12 weeks pregnant:  Click here to enter text. |

**Previous History – Information to help maternity services plan care (✓ where relevant):**

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| --- | --- | --- |
| **Pregnancies**  Having First baby  Other pregnancies normal  Or  Caesarean Section  Premature Baby  Previous Womb Surgery  Pre-Eclampsia /Eclampsia  Postnatal depression  3 or more miscarriages  Miscarriage after 13 weeks  Baby born with abnormality  Shoulder Dystocia  Placenta Accreta  Stillbirth  Neonatal death  **Other Maternity Problems:**  Click here to enter text. | **History**  High Blood Pressure  Diabetes  Other Hormone disorder  Epilepsy  Heart disease  Kidney disease  Liver disease  Severe Asthma  Blood Clotting Disorder  Autoimmune Disease  Deep Vein Thrombosis  Tuberculosis  Haemoglobin disorder  Psychiatric illness including  Depression/Anxiety  **Other Medical/Surgical problems:**  Click here to enter text.  None of the above | **Information**  Smoker  Alcohol/ Substance Misuse  Domestic Abuse  Learning Disability  FGM  Safeguarding concerns  Has a Social Worker: Choose an item.  Social Worker name if known: Click here to enter text.  **Other relevant social/ domestic circumstances**:  Click here to enter text.  None of the above  **Current Medication:** Click here to enter text.  **Allergies:**Click here to enter text. |

Please tick if you are booking your own pregnancy directly Date: Click here to enter a date.

**Please email completed form to**: [**bhnt.wxantenatalreferrals@nhs.net**](mailto:bhnt.wxantenatalreferrals@nhs.net)

**PLEASE NOTE: on your first appointment you will need to provide proof of address, Identity & NHS Number**